

Registration Form for 2020-2021 School Year

(Please check the box for the class you desire)



- We are an Unlicensed Registered Ministry – Paths To Quality Level 3 which accepts Child Care Development Funds. We are also a State Registered On My Way Pre-K

preschool
2015 North 300 West
Marion, IN 46952
765-384-7938 ext. 112
preschool@mtoliveumc.com

www.mtoliveumc.com
“Mount Olive Preschool”

2's & Young 3's (2 years by Sept. 1st)
 T/ W a.m. 8:45 – 11:45. \$103/mo

3's & Young 4's (3 years by Sept. 1st)
T/W/Th 8:45am-11:45a.m \$137/mo
Extended Day 8:45am – 3:45pm \$274/mo

3's & Young 4's (3 years by Sept. 1st)
 M/T/W/Th a.m. 8:45-11:45 a.m. \$180/mo
Extended Day 8:45 am – 3:45 pm \$360/mo

4's & 5's - PreK (4 years by Sept. 1st)
 M/T/W/Th a.m. 8:45-11:45 a.m. \$180/mo
* Extended Day. 12:45 – 3:45 pm See Office

***There will only be a 3's or 4's pm only class should numbers indicate a need.**

Scholarships are available for qualifying families
See the office for more information and an application!

PLEASE COMPLETE BOTH SIDES OF REGISTRATION

Registration fees are due at time of enrollment: \$50 for each child.

Registration fees are nonrefundable. Classes will be available contingent upon enrollment numbers.

Name of child _____, _____ male _____ female _____
last first middle

Name you wish child to be called _____ Birth date _____ - _____ - _____
month day year

Child's address _____
street / road numbers P.O. Box city zip code

Home telephone _____ Cell phone _____ E-mail _____

With whom does child live? Mother ___ Father ___ Guardian ___ Other _____
please identify

Child's usual weekday caregiver _____ phone _____

Father's name _____ Occupation _____

Employer _____ Business phone _____

Mother's name _____ Occupation _____

Employer _____ Business phone _____

EMERGENCY CONTACT:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

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For office use only:
Date enrollment form received _____

Class Schedule* & Age Requirements

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I give permission for pictures of my child/children to be taken and appear in newsletters, Facebook and the
Preschool website _____ Yes _____ No

I would like to receive informational texts on my cell phone regarding Preschool _____ Yes _____ No

Cell Phone number you would like to use for this _____

Cell Phone Carrier (Circle one) AT&T Bell Mobility Boost Mobile Cellular South Centennial Cincinnati Bell
Cricket Metro PCS Rogers Wireless Sprint T-Mobile US Cellular Verizon Virgin Mobile

Child's food allergies or cultural restrictions, if any _____

Other allergies, if any _____ Epi-Pen _____ Yes _____ No _____

Name of child's physician _____ Office phone number _____

Name of child's dentist _____ Office phone number _____

Complications during pregnancy, labor, or delivery _____

Has your child ever stayed in a hospital overnight or had outpatient surgery? _____

At age _____ Reason _____

At age _____ Reason _____

All Family information: Please include name, birthday, and overall health / allergies / long-term illnesses or birth defects

Mother _____
name

Father _____
name

Sibling _____
name

Sibling _____
name

Sibling _____
name

Please share any information which will help us better understand and serve your family. (Examples: recent change of
address, change in marital status of parents; questions about child's speech, hearing, vision, coordination of large or small muscles;
reasons for restricted activity.)

How did you hear about Mt. Olive Preschool

Name of Home Church _____

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